

Home Visitation System Recommendations

*Work Team Meeting: July 17, 2014
8am to 3pm
Connecticut Office of Early Childhood*

Executive Summary

On Thursday July 17, 2013, the Office of Early Childhood (OEC) hosted a meeting of the Home Visitation Systems Project. The purpose of the meeting was to review team norms and the project charter; decide on guiding principles for the Home Visitation System in Connecticut; hear the intent the legislators who were instrumental in the passage of Public Act 13-178; and to brainstorm and create recommendations regarding the first legislatively required component of the home visitation system listed in Public Act 13-178, which is:

- (1) A common referral process for families requesting home visitation programs.

Robert Santy, President & CEO of the Connecticut Economic Resource Center, Inc. (CERC) facilitated the meeting discussion. CERC created this summary based on notes recorded during the meeting. Detailed meeting minutes are attached.

Major Points by Meeting Schedule

Team Norms

- ❖ Recommendations will be decided by consensus.
- ❖ Recommendations will be made at regularly scheduled meetings only.
- ❖ Recommendations will be given to the governor and to the legislature at the same time.
- ❖ One recommendation at a time will be considered by the Home Visiting Work Team
- ❖ Needs for additional research or data will be considered as they arise.

Home Visitation System Guiding Principles

- ❖ The Home Visitation system should be customer driven; the needs, strengths and capabilities of the families and children should be considered when creating recommendations.
- ❖ Different viewpoints, especially those of providers, should be considered when creating recommendations.
- ❖ Recommendations should clearly define terminology, i.e. "home visitation."
- ❖ It is important to be understanding and nonjudgmental of families.
- ❖ Home visitation should be voluntary.
- ❖ The Home Visitation system must have a method for identifying the primary caregiver of the family, and supporting that relationship.
- ❖ The Home Visitation system should take a multi-generational approach. For example, it is important to partner with the child, the parents, the grandparents, etc.
- ❖ The focus of the Home Visitation System should be on the neediest children.
- ❖ Recommendations need to define who the system will serve.

- ❖ The Home Visitation System will encompass a diversity of programs and services.
- ❖ Visiting and providing services in a family's living environment is the best way to gauge what services could be beneficial.
- ❖ Recommendations will include a discussion of financial sustainability but we should not be initially constrained by funding concerns.
- ❖ Recommendations should be culturally sensitive.
- ❖ Recommendations must include outcomes/effectiveness measurement and reporting.
- ❖ Recommendations will need to address public/private, collaborative partnerships.
- ❖ A marketing plan for the Home Visitation System should be developed.
- ❖

Legislative Intent

- ❖ Legislators want to be informed about the project progress.
- ❖ Legislators want a shared reporting system; and want data to show effectiveness of program and provide justification of the program to fellow legislators.
- ❖ Legislators want a system that is accessible to all families and children in Connecticut.
- ❖ System needs to be "evidence-informed" or "trauma-informed".
- ❖ The OEC must coordinate with other agencies that also have responsibilities outlined in Public Act 13-178. The OEC must review and coordinate on the guiding principles overlay in section five, which the OEC responsible for, and section one, which the Department of Children and Families (DCF) is responsible for.

Recommendation One: Common Referral Process

- ❖ Screening must be part of the referral process, and people who perform screening must be properly trained.
 - Schools must play a role in the screening process.
 - All providers should have a screening process and should transfer results of the screening to the OEC.
- ❖ Families can enter the home visitation system through any channel. There is no channel that is considered unacceptable for system entry.
- ❖ There should be a central location for referrals and entries.
- ❖ The first engagement is the most critical and should be nonjudgmental in a place of trust.
- ❖ Programs have the responsibility to triage and refer families to other Home Visitation programs.
- ❖ Upon initial contact, common data on families, such as basic data on families and participation rates, are to be recorded in line with privacy guidelines. The data are to be housed in a central database under the control of the OEC. The OEC will share all relevant information with other parties, including the United Way.
 - The data will be linked to Department of Public Health (DPH) unique identifiers.
- ❖ Use and promote the Child Development Info Line as the central intake point, and strengthen the abilities of the Child Development Info Line and 211 to refer families.
- ❖ Engage and train natural community leaders, who have established and trusted relationships with families within their communities, to assist in the referral process.

- ❖ Train and engage people involved in the 'intake point,' such as health and medical professional, on Home Visitation programs.
- ❖ Create a feedback loop in the referral process.
- ❖ Reduce the number of times a family gets referred to the same agency.
- ❖ The referral system should include the DCF home based programs, if age eligible and voluntary.

Other Major Meeting Points

Data and Measured Outcomes

- ❖ Outcomes should be evidence-based.
- ❖ The use of cost-benefit analysis is a possible way to measure outcomes.
- ❖ The use of Results Based Accountability (RBA) is also a possibility, but some work team members expressed the need for a process that is more rigorous than RBA, and uses the best indicators to measure outcomes.

Home Visitation Terminology and Definitions

- ❖ The term of Home Visitation sometimes has a negative connotation/stigma.
- ❖ The term of 'Parental Support Services' was recommended instead of the term 'Home Visitation'.
- ❖ Possibly change the term 'Home Visitation' to another term that reflects that wide variety of services offered.
- ❖ Consideration should be given to the Pew Foundation's definition of 'Home Visitation' as well as the Health Resources and Services Administration (HERSA) definition.
- ❖ The term 'universal' should not be used to describe accessibility. Prevention and promotion are less loaded terms that could be used.
- ❖ In regards to the 'referral process', the usage of alternative terminology was discussed, including the possibility of using 'intake' or 'entry' instead of 'referral'.

For Next Meeting

For next meeting, the members of the work team were asked to share the following to prepare for discussion.

- ❖ Share Pew Foundation indicators.
- ❖ Provide section one of the Public Act 13-178.
- ❖ Bring information on the core set of standards, competencies, and outcomes for your program.
- ❖ Bring benchmarks from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant program (sharing of assessment protocols).
- ❖ Bring information on program training: mandated competencies, cultural trainings, and relationship building exercises.

Outstanding Issues

- ❖ Will the Home Visitation System serve all children and families, or those considered to be the neediest or most vulnerable?
- ❖ Does the term 'Home Visitation' need to be changed to a term that does not have a negative connotation and reflects the broad variety of services offered?
- ❖ How will agencies that have responsibilities under Public Act 13-178 coordinate and share information regarding programs in the system?